NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Reporting Information		FOR OFFICE USE ON	LY care (allows assumed to the post of the property of the post of
Year: 2013		~0	d Oct. 15,2013
Fill in circle if amendment ⊗	. 31 15	(XIC	a Uct. 13, 200
Report Period: Sanuary/June Ju	uly/December		
	ocurement OBoth		
Client Filing Fee Check Number: Paid by credit ca		l .	
Il Client Information			
Name: Working Families Organization		a seeman and the state of the s	
1-0.00			
Permanent Business Address: 2 Nevins Street, 3	Brd Floor	*	
City: Brooklyn	State:	NY	ZIP code:11217
Business Phone: 718-222-3796	Fax Nu	ımber: 718-246-3718	
Third Party Beneficiary (see instructions):			
···			
III Lobbyist(s) Information & Con Any individual or organization that has lobbied			ardless of whether the
threshold was exceeded by that individual or or	ganization.	ar be reported below, reg	garatess of whether the
A Type of Lobbyist: O Retained	⊗ Employed	⊗ Designated	A 400 W 474 W
Level of Gov't: O State Lobbying	O Local Lobbying	⊗ Both	
Name: Working Families Organization		Phone Number: 718	-222-3796
Address: 2 Nevins Street, 3rd Floor			
City: Brooklyn		State: NY	ZIP code:11217
Compensation for current period: \$454	4 .00		
B Type of Lobbyist: O Retained	O Employed	Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	
Name:		Phone Number:	
Address:			
City:		State:	ZIP code:
Compensation for current period: \$.00		
C Type of Lobbyist: O Retained	O Employed	Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	
Name:		Phone Number:	
Address:			
City:		State:	ZIP code:
Compensation for current period: \$.00		
O Continued on attached pages	4		\$1000000000000000000000000000000000000
D TOTAL COMPENSATION of ALL lobbyist	s for current period	(A+B+C+addendun	n sheets): \$45444 .00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation and individual or organization that has lobbied on behalf a was exceeded by that individual or organization.	tion (C	Curre	ent Per ust be rep	iod Only orted belov	y) w, reg	gardless of v	whether the threshold
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Name:			Phone	Number:			
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City:			State:			ZIP code	:
Compensation for current period: \$.00						
IV Other Expenses (Current Semi-Annua	al Bosi	0016	Nalv1				
Marie Marie Company of the Property of the Pro	ALL VALUE OF THE STATE OF THE S	SOCIETION IN	*CAROLINICA CALCO		×	Ad	O Social Event
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PURPOSE: Direct Mail	AMO	UNI:	\$49000	.00		Addend	omandened
O PROCUREMENT NONPROCUREMENT	D . FE			1	(X)	Ad	O Social Event
PAID TO: SKD Knickerbocker	DATE:			/ 13			um attached
PURPOSE: Direct Mail	AMO	UNI:	\$ 50523	.00		Addend	om anachea
○ PROCUREMENT ⊗ NONPROCUREMENT				V		٨؞ط	O Social Event
PAID TO: Community Labor Administrative Services Inc.	DATE			/ 13		Ad *A alala a al	
PURPOSE: Canvass Payroll	AMO	UNT:	\$3181	.00	U	Addend	um attached
○ PROCUREMENT ⊗ NONPROCUREMENT			***************************************		0		O 6i-15t
PAID TO: Community Labor Administrative Services Inc.	DATE		/31	/ 13		Ad *Addanad	O Social Event
PURPOSE: Canvass Payroll	AMO	UNT:	\$5610	.00	0	Addend	um attached
○ PROCUREMENT ⊗ NONPROCUREMENT						are set	0.0
PAID TO: Community Labor Administrative Services Inc.	DATE	: 06	/07	/ 13		Ad	O Social Event
PURPOSE: Canvass Payroll	AMO	UNT:	\$ 5042	.00	0	*Addend	um attached
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Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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was exceeded by th	nat individual or organi	zation.	THE CHETT	111031 DC 10	ported beto	w, regulaless c	of whether the threshold
Type of Lobbyist:	O Retained	O Employed	0	Designat	ed		
Level of Gov't:	O State Lobbying	O Local Lobb	ying O	Both			
Name:				Phon	e Number:		
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Type of Lobbyist:	O Retained	O Employed	C) Designat	ted		
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	ity Labor Administrative	Services Inc.			/ 2013		O Social Event
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PURPOSE: Radio Ad			AMOUN	IT: \$40,0	00 .00	O*Adden	dum attached
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A Report in the aggregate all expB Report in the aggregate all exp				nlava sa		0			.00
C Itemize each expense exceedi		salalies of no	ri-lobbying em	ipioyees;	\$	0			.00
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PURPOSE: Direct mail and video			AMOUNT:	, 28 \$	⁷ 2013 . 00	0	Ad *A-1-1-		Social Eve
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PURPOSE: Newspaper Ad			AMOUNT:	\$1750	.00	0			attached
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D Total expenses for current pe	riod: \$	238938							l pages in tot
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V Source of Funding Dis				A	Y	7	1		
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A Below, list all Contri	butions r	eceived from	the Single Sour	rce Incli	ide the da	a and	the amo	unt of t	ha Cantributi
received. If more t	adamon	al Contribution	rom the single s.	Source I	lave been	receiv	ed, use	section	V(C) of the
Contribution(s) from Single Sour									
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Single Source Person's Last Nam	ne:			Circt NI	amo:				
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Source of Funding Disclosure Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source #3 Single Source Entity's Name: Congress of Connecticut Community Colleges or Single Source Person's Last Name: First Name: Address: 907 Wethersfield Avenue ZIP code:06114 State: CT City: Hartford Phone: (860) 296-5172 Amount of Contribution: \$582 .00 Date Contribution Received: /03 /2013 .00 Date Contribution Received: Amount of Contribution: \$.00 Amount of Contribution: \$ Date Contribution Received: Date Contribution Received: Amount of Contribution: \$.00 .00 Amount of Contribution: \$ Date Contribution Received: Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 4 Single Source Entity's Name: Connecticut Education Association Single Source Person's Last Name: First Name: Address: Capitol Place, 21 Oak Street, Suite 500 State: CT ZIP code:06106 City: Hartford Phone: (203) 465-7044 .00 Amount of Contribution: \$ 1165 Date Contribution Received: 02 / 25 / 2013 .00 Date Contribution Received: Amount of Contribution: \$ Amount of Contribution: \$ Date Contribution Received: .00 Amount of Contribution: \$.00 Date Contribution Received: .00 Date Contribution Received: Amount of Contribution: \$ Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source #5 Single Source Entity's Name: Connecticut State UAW - CAP Council or Single Source Person's Last Name: First Name: Address: 111 South Road ZIP code:06032 City: Farmington State: CT Phone: 860-674-0143 Date Contribution Received: Amount of Contribution: \$873 .00 02 /22 / 2013 Date Contribution Received: Amount of Contribution: \$291 .00 /04 / 2013 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00

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V Source of Funding Disc	losure			English State of the State of t
A Below, list all Contrib received.	utions receiv	red from the	Single Source. Include the date and the an	nount of the Contribution
Contributions from Single Source	#6			
single Source Entity's Name: CTC		Group, Inc.		
or Single Source Person's Last Name	e:		First Name:	
Address: 30 Arbor Street, Suite 6N				
City: Hartford			State: CT	ZIP code: 06106
Phone:				
Date Contribution Received:	05 / 09	/ 2013	Amount of Contribution: \$3737	.00
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Contributions from Single Source	# 7			
Single Source Entity's Name: Esse	ex County Co	mmunity Fou	ndation	
or			First Name:	
Single Source Person's Last Nam Address: 175 Andover Street, Suite			Tilativanio.	
City: Danvers	7.44		State: MA	ZIP code: 01923
			ordic.	
Phone:	03 / 05	/ 2013	Amount of Contribution: \$ 25823	.00
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Contributions from Single Source		*		
Single Source Entity's Name: Fu	nding Exchai	ige		
Single Source Person's Last Nan	ne:		First Name:	
Address: 666 Broadway, Suite 500				
City: New York			State: NY	ZIP code: 10012
Phone:				
Date Contribution Received:	01 / 18	/ 2013	Amount of Contribution: \$ 6638	.00
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Single Source Person's Last Name:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet. V Source of Funding Disclosure A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. Contributions from Single Source #9 Single Source Entity's Name: Grassroots Strategies Inc. or Single Source Person's Last Name: Address: 30 Arbor Street, Suite 6N City: Hartford State: CT ZIP code: 06106 Phone: 860-523-1699

Phone: 860-523-1699				
Date Contribution Received:	5 / 16	/ 2013	Amount of Contribution: \$582	.00
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Single Source Entity's Name: Leade	ership Cer	nter for the C	ommon Good		
or Single Source Person's Last Name			First Name:		
Address: 11 Dupont Circle, #240					
City: Washington			State: DC	ZIP code: 20036	
Phone: 202-464-7377					
Date Contribution Received:	2 / 8	/ 2013	Amount of Contribution: \$	25361 .00	
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Single Source Entity's Name: Nev	v York Con	nmunities fo	r Change		
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First Name:

Address: 2-4 Nevins Street, 2nd Flo	or					
City: Brooklyn				State: NY	2	ZIP code: 11217
Phone: 347-410-6919						
Date Contribution Received:	1	/ 30	/ 2013	Amount of Contribution:	\$ 1092	.00
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V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

received.						
Contributions from Single Source	ce #:1	12				
Single Source Entity's Name: Pr	rogres	sive Ame	erica Fund - CW	F		
or Single Source Person's Last Na	me:			First Name:		
Address: 133 Broadway, Suite 332						
City: New York				State: NY		ZIP code: 10010
Phone: 212-206-9168						
Date Contribution Received:	5	/2	/ 2013	Amount of Contribution:	\$ 4425	.00
Date Contribution Received:	1	/9	/ 2013	Amount of Contribution:	\$11064	.00
Date Contribution Received:	3	/ 1	/ 2013	Amount of Contribution:	\$ 13393	.00
Date Contribution Received:	1	/9	/ 2013	Amount of Contribution:	\$ 5532	.00
Date Contribution Received:	3	/ 1	/ 2013	Amount of Contribution:	\$ 6988	.00
Check here if using section V(C)	of the	Addend	um for additio	nal Contributions:		8
Contributions from Single Source	ce#	13				
Single Source Entity's Name: P	roteus	Action L	.eague			
or Single Source Person's Last Na	me'			First Name:		
Address: 15 Research Drive, Suite				That Hamo.		
City: Amherst				State: MA		ZIP code: 01002
Phone:						
Date Contribution Received:	. 4	/ 22	/ 2013	Amount of Contribution:	\$ 320500	.00
Date Contribution Received:	4	/ 5	/ 2013	Amount of Contribution:		.00
Date Contribution Received:	6	/ 10	/ 2013	Amount of Contribution:	\$ 310000	.00
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Contributions from Single Sour	ce #_	14				
Single Source Entity's Name: R	etail V	Vholesale	e and Departme	ent Store Union		* * *** *** **************************
Or Single Source Developed and No				First Nieura		
Single Source Person's Last Na Address: 30 East 29th Street	me:			First Name:		
City: New York				State: NY		7IP and at 10016
Phone: 212-684-5300				sidle. W		ZIP code: 10016
Date Contribution Received:	1	/ 3	/ 2013	Amount of Contribution:	¢ 218	.00
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Date Contribution Received:	1	/ 16	/ 2013	Amount of Contribution:		.00
Check here if using section V(C)	of the		-		Ψ	.00. ⊗

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please

make a copy of this sheet. Source of Funding Disclosure Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution A received. Contributions from Single Source #15 Single Source Entity's Name: See Forward Fund, Inc. First Name: Single Source Person's Last Name: Address: 150 Main Street ZIP code: 01060 State: MA City: Northampton Phone: 413-582-0082 Amount of Contribution: \$ 1747 .00 /18 / 2013 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 16 Single Source Entity's Name: Local 32BJ SEIU First Name: Single Source Person's Last Name: Address: 25 West 18th Street, 5th Floor ZIP code: 10011 State: NY City: New York Phone: 212-388-3800 Amount of Contribution: \$ 2912 .00 / 2013 Date Contribution Received: / 12 Amount of Contribution: \$ 2912 .00 / 19 / 2013 Date Contribution Received: Amount of Contribution: \$ 2912 .00 19 / 2013 Date Contribution Received: Amount of Contribution: \$ 116 .00 / 2013 / 22 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source #_17 Single Source Entity's Name: The Advocacy Fund

Single Source Entity's Name: The	e Adv	ocacy F	una		
or Single Source Person's Last Nan	ne:			First Name:	
Address: PO Box 29229				a a man a property of the party	ZIP code: 94129
City: San Francisco				State: CA	ZII Code.
Phone: 415-561-6373				(C Lib. Hom. # 8735	.00
Date Contribution Received:	1	/ 23	/ 2013	Amount of Contribution: \$8735	
Date Contribution Received:	2	/ 19	/ 2013	Amount of Contribution: \$11646	.00
Date Contribution Received:	5	/ 29	/ 2013	Amount of Contribution: \$ 2824	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
		1	,	Amount of Contribution: \$.00
Date Contribution Received: Check here if using section V(C)					0

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 1	18				
ingle Source Entity's Name: Tides Fo	oundatio	on			
or ingle Source Person's Last Name:			First Name:		
Address: P.O. Box 29189					
City: San Francisco			State: CA		ZIP code: 94129
hone: 415-561-6400					
ate Contribution Received: 2	/ 19	/ 2013	Amount of Contribution:	\$ 1412	.00
ate Contribution Received: 5	/ 29	/ 2013	Amount of Contribution:	\$11274	.00
Date Contribution Received:	1	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	Amount of Contribution:	\$.00
ate Contribution Received:	/	/	Amount of Contribution:	\$.00
check here if using section V(C) of the	Adden	dum for additiona	I Contributions:		C
Contributions from Single Source #	19				
ingle Source Entity's Name: Local 2		al Political Account			
or ingle Source Person's Last Name:			First Name:		
Address: 901 K Street NW, Suite 200			riisi Name.		
city: Washington			State: DC		ZIP code: 20001
hone:			sidle.		Zii Code, 2000
Date Contribution Received: 3	/ 25	/ 2013	Amount of Contribution:	s 2912	.00
Date Contribution Received:	1	/ 2015	Amount of Contribution:	4	.00
Date Contribution Received:	/	/	Amount of Contribution:		.00
Date Contribution Received:	,	,	Amount of Contribution:	2041	.00
Date Contribution Received:	1	/	Amount of Contribution:		.00
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Contributions from Single Source #_		dom for additiona	il Collinbolions.		
		971 965 K 10			
ingle Source Entity's Name: Friends or	or Dem	ocracy		200	
ingle Source Person's Last Name:			First Name:		
Address: 1133 19th Street NW, 9th Floo	r				
City: Washington			State: DC		ZIP code: 20036
Phone:					
Date Contribution Received: 5	/ 3	1	Amount of Contribution:	\$ 100000	.00
	/ 27	1	Amount of Contribution:	\$ 42000	.00
Date Contribution Received: 3		100 to 10 10 10 10 10 10 10 10 10 10 10 10 10	Amount of Contribution:	\$ 45000	.00
	/ 20	/	Afficulti of Continuotion.	φ +5000	.00
	/ 20 /	/	Amount of Contribution:		.00

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Discl	osure			
A Below, list all Contribut received.	tions rece	eived from the	Single Source. Include the date and the	amount of the Contribution
Contributions from Single Source #	3			
Single Source Entity's Name: Unity	Fund, Inc.	1 17		
or Single Source Person's Last Name:			First Name:	
Address: 1140 Connecticut Avenue NV				
City: Washington			State: DC	ZIP code: 20036
Phone:				
Date Contribution Received: 1	/10	/ 2013	Amount of Contribution: \$734	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adden	dum for additi	onal Contributions:	0
Contributions from Single Source	#			
Sinale Source Entity's Name:				
or Single Source Person's Last Name	:		First Name:	
Address:				and the second
City:			State:	ZIP code:
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adde	ndum for addit	ional Contributions:	0
Contributions from Single Source	#			
Single Source Entity's Name:				
or	0.1		First Name:	
Single Source Person's Last Name	∃ .		Tilstitatio.	a to the second second second
Address:			State:	ZIP code:
City:			Sidio.	
Phone:	7		Amount of Contribution: \$.00
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V Source	e of Funding Disclosure					
В	Single Source information for a Contr	ribution(s)	from muli	tiple, Related, or Affiliated Entitie	s.	
Contribution	ns from Single Source #1					
Related or A	Affiliated Entity or Person:					
	y's or Person's Full Name:				CONTRACTOR SECTION OF SECTION	
Entity	y's or Person's Address:					
Entit	y's or Person's Phone:					
Date	es and Amounts of Contributions from	n Entity o	r Person.			
	Date Contribution Received:	/	/	Amount of Contribution: \$.00
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	Date Contribution Received:	/	/	Amount of Contribution: \$.00
	Check here if using section V(C) of t	he Adden	dum for c	additional Contributions:	0	
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	y's or Person's Full Name:					
Entity	y's or Person's Address:					
50 15 1415 15 15	y's or Person's Phone:				DESCRIPTION OF THE RESERVE OF THE RE	
Date	es and Amounts of Contributions from	n Entity o	r Person:			
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	using section V(B) of the Addendum fo	r addition	al Related	l, or Affiliated Entities or Persons:		C
	s from Single Source #2					
	Affiliated Entity or Person:			EST EMPTOR TO STORE AND ELECTRICAL		
	y's or Person's Full Name:					
Entity	y's or Person's Address:					
Entity	y's or Person's Phone:					
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	Date Contribution Received:	/	/	Amount of Contribution: \$.00
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	Check here if using section V(C) of the	he Adden	dum for a	idditional Contributions:	0	

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source	of Funding Disclosure											
В	Single Source information for a Co	ntribu	tion(s) f	rom multi	ole, Related, or Affiliated Entit	ies.						
Single Source	#10											
Related or Af	filiated Entity or Person: Leadership	Cen	ter for th	e Commo	n Good							
Entity's or Person's Full Name: Leadership Center for the Common Good Action Fund												
Entity's or Person's Address: 11 Dupont Circle #240, Washington, DC 20036												
Entity'	s or Person's Phone: 877-829-5500)										
Dates	and Amounts of Contributions fi	om l										
W	Date Contribution Received: 4 /22 /2013 Amount of Contribution: \$ 233 .00											
mwsa =	Date Contribution Received:		/	/	Amount of Contribution:		.00					
en 1 mi	Date Contribution Received:		_ /	/	Amount of Contribution:		.00					
	Date Contribution Received:		/	/	Amount of Contribution:	\$.00					
the state of the same of the	filiated Entity or Person:		10									
	s or Person's Full Name:											
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40 0 0 0	s or Person's Phone: and Amounts of Contributions fi	om l	Entity o	r Person	is 1.32							
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11 04	Date Contribution Received:		1	/	Amount of Contribution:	\$.00					
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Single Source	#											
Related or Af	filiated Entity or Person:											
Entity'	s or Person's Full Name:											
Entity'	s or Person's Address:											
Entity'	s or Person's Phone:											
Dates	and Amounts of Contributions f	rom	Entity o	r Person:								
4 4	Date Contribution Received:		/	/	Amount of Contribution:	\$.00					
5 F 58 C	Date Contribution Received:		/		Amount of Contribution:	\$.00					
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Infor	matic	n for or	ne Person or	Entity for a single Contribution.	THE MEDICAL
Contributions from Single Source	e #_1	2			
Single Source(or Related or Aff	iliate	d) Entit	y's Name:	Progressive America Fund	
or Single Source (or Related or Af	filiate	ed)Pers	son's Last N	lame: First Name:	
Address: 133 Broadway, Suite 332					
City: New York				State: NY	ZIP code: 10010
Phone: 212-206-9168					
Date Contribution Received:	1	/9	/2013	Amount of Contribution: \$3174	.00
Date Contribution Received:	3	/ 25	/ 2013	Amount of Contribution: \$ 14860	.00
Date Contribution Received:	3	/ 25	/ 2013	Amount of Contribution: \$ 35000	.00
Date Contribution Received:	3	/ 25	/ 2013	Amount of Contribution: \$ 17485	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Date Contribution Received:

Date Contribution Received:

Instructions:

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			e rerson or En	tity for a single Contribution.	
Contributions from Single Source	e #_	14		KIND OF BUILDING TO BE A SECOND	
Single Source(or Related or Aff	iliate	d) Entity	y's Name: Ret	tail Wholesale and Department Store Union	
Single Source (or Related or Af	filiate	ed)Pers	on's Last Nar	me: First Name:	
Address: 30 East 29th Street					
City: New York				State: NY	ZIP code: 10016
Phone: 212-684-5300					
ate Contribution Received:	1	/ 16	/2013	Amount of Contribution: \$ 218	.00
ate Contribution Received:	1	/ 16	/ 2013	Amount of Contribution: \$ 218	.00
Date Contribution Received:	1	/ 8	/ 2013	Amount of Contribution: \$ 218	.00
ate Contribution Received:	1	/ 8	/ 2013	Amount of Contribution: \$ 218	.00
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:				
Campaign Finance/Voter-Owned Elections	State and Local Executive and Legislative Bodies				
70					
Continued on attached pages	O Continued on attached pages				
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied; A.4980-A	VIII Title and Identifying Numbers of procurement contracts/documents lobbied: None				
O Continued on attached pages	Continued on attached pages				
	O a similar an anatone a pages				
Number or Subject Matter of Executive Order of Governor/Municipality lobbied: None	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied: None				
2					
-					
O Continued on attached pages	O Continued on attached pages				
This Declaration This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief. X SIGNATURE: Dum Cample DATE: 10/2/13					
PRINT NAME: LAST Cantor	FIRST Dan				
TITLE: Executive Director	tan a na yang santan da managa ma				
Mark One: S Chief Administrative Officer OD	esignee(Attach Letter)				

The following MUST be attached to this report at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.